

November 3, 2017

Honorable Sam Brownback
Governor, Kansas
300 SW 10th Street
Topeka, KS 66612

Governor Brownback,

Thank you for the opportunity to facilitate the discussion about the potential for a Doctor of Osteopathic (DO) Medicine program as a strategy to address physician shortages across rural Kansas. Much of the focus of your administration has been on creating growth opportunities – access to health care is critical to economic growth and prosperity in all parts of Kansas.

Your task force met three times during the summer and fall of 2017 and received valuable input from individuals and groups with decades of experience in the medical education field. We also viewed presentations from several communities interested in partnering to expand medical education in the state. The task force believes there is great opportunity to think strategically about the future of medical education and health care delivery. Declining populations and advances in technology demand that we plan differently for the future.

We respectfully submit the following findings and suggested actions.

Findings:

1. Rural Kansas is medically underserved.

Today there are 161 primary care Health Professional Shortage Areas (HPSAs) in Kansas. 92 counties are considered partially or wholly underserved, representing nearly 1/3 of the population of the state. To fill this void, rural parts of Kansas need 83 new primary care physicians each year. While not within the scope of the taskforce it is important to note that shortages also exist in the state's ability to deliver dental and mental health services.

2. This shortage will continue to grow.

Like many occupations in rural Kansas, medical providers are aging. 28.9% of physicians in Kansas are over the age of 60. Kansas ranks 23rd among states in terms of the age of its physician workforce. It should reasonably be assumed that this situation will continue to deteriorate as baby boomers retire without younger workers to replace them.

3. Educating physicians locally enhances our chances to retain them.

Like many industries, identifying students with an interest in medical education early and offering them the chance to complete their training at home represents our best chance to keep them in Kansas. This should begin through science, technology, engineering and math (STEM) programs in the K-12 system.

We must also plan and address shortages through both Undergraduate Medical Education (UME) and Graduate Medical Education (GME) opportunities as there currently more qualified Kansas students who pursue medical education than there are spots available to accommodate those students. Kansas currently retains 57.2% of students who complete both UME and GME in the state. Unfortunately, the state continues to fall short in efforts to increase the number of medical students who select primary care to address physician shortages across the state and in the number of new physicians who choose to practice here. Creating a pipeline through STEM, UME and GME has proven effective elsewhere and can be effective in Kansas.

4. Kansas has an opportunity to support an Osteopathic Medical school.

The University of Kansas Medical Center has a long history of providing well trained physicians for Kansas and the nation. According to representatives of the university approximately 370 Kansas students reach the interview stage of the medical school admissions process each year. Of those, roughly 270 receive offers to join the incoming class of about 200 annually. If one assumes that Kansas students would rather receive medical education in state, then the initial pool of possible students for an osteopathic medical school would have more than 100 and possibly 170 qualified candidates based on our understanding of KUs admission data alone. We believe collaborative opportunities exist through additional conversation with interested communities about development of an osteopathic medical school.

Action Steps:

1. Kansas should study and develop a plan to expand GME.

When you combine student populations in the Kansas City Metro, Joplin, MO and at KUs Wichita and Salina programs significant numbers of medical students are being educated each year in or near the state. Even higher numbers exist within the region. While the current federal funding cap for additional Graduate Medical Education positions presents a challenge, the taskforce believes that public and private resources must be dedicated to expanding opportunities to educate and retain Kansas students in the state. It is important to remember that Kansas hospitals who do not currently have residency programs can receive federal funding for new programs and that current positions could be reallocated to achieve the goal of increasing the focus on primary care.

Therefore, we recommend that the Kansas Department of Health and Environment, the University of Kansas Medical Center, Kansas City University and other area medical schools, interested health foundations, and other partners collaborate to study and implement a plan to address GME shortfalls in Kansas through both traditional and alternative residency programs. Adequate post graduate training positions that include rural residency networks are critical and should be the focus of the state's ongoing effort to support the needs of rural communities especially in primary care.

2. Kansas should establish a plan to address physician recruitment and development.

To address declining physician numbers across rural Kansas the state should also encourage and support the formation of a public/private efforts for the ongoing study, planning and implementation of strategies to grow primary care physician numbers to meet community

needs. For example, interested communities and the state could pursue alternative and mission based physician recruitment strategies to bolster the supply of rural primary care physician and could partner with rural hospitals and community foundations to assist in seeing these strategies succeed.

3. Expand medical education at the Undergraduate and Graduate levels.

Interested partners across the state should continue efforts to expand medical education. Because there are currently more Kansas students who are qualified for medical school than there are programs to take them, additional discussions about expanded opportunities for medical education have merit. The taskforce heard from potential funders, educational institutions and communities interested in developing new opportunities, including a DO school. Those conversations should be encouraged and supported to enhance the potential for Kansas to meet the increasing demand for primary care rural doctors through Graduate Medical Education. To further this opportunity and ensure access to medical education the taskforce believes that the best partner is a non-profit institution with a track record for delivering quality medical education.

Medical education expansion efforts should focus on innovative partnerships that maximize efficiencies across the medical, dental, and mental health fields and enhance inter-professional education.

4. Additional support opportunities.

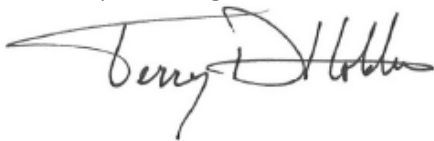
The state should expand both the Kansas Rural Scholars Program and the Kansas Bridging Program to increase Kansas medical student numbers and to better track Kansas students attending medical school in other states to recruit them to return for residency or to practice.

5. Accountability for success.

To ensure that progress on these critical objectives is made in a timely manner the Governor should, as soon as practical, appoint the Secretaries from the Departments of Health and Environment and Agriculture to co-lead efforts and to recruit additional public and private partners to contribute. Reports should be made in six-month intervals.

We are grateful for the opportunity to participate in the discussion and to develop strategies to address the health care challenges across our great state and stand ready to assist as you move forward.

Very best regards,

A handwritten signature in black ink, appearing to read "Terry D. Holdren", with a stylized, flowing script.

Terry D. Holdren
Chairman